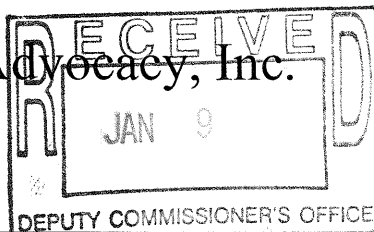


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*VP&A is the Protection & Advocacy
System for Vermont*

January 6, 2006

Paul Blake

Deputy Commissioner of Mental Health

Department of Health

108 Cherry Street

P.O. Box 70

Burlington, VT 05402-0070

Dear Paul,

In the spirit of the New Year, the undersigned advocates, consumers, psychiatric survivors, family members and providers would like to offer the following outline of issues in need of immediate attention and leadership with respect to the Futures Project.

Specifically, we request your assistance in addressing the following:

1. The Department needs an immediate plan to increase the participation of consumers in all meetings pertaining to the Futures Project, including meetings of the Work Groups. Suggestions include providing funding to support consumer participation in the meetings and assisting with transportation and/or childcare. However, what is needed most is increased outreach as well as attention to the perceptions, perspective, and input of consumers. We point out that the President's New Freedom Commission requires that services be consumer driven, not merely developed by agencies and providers "with input" from consumers and/or their designated legal advocates. As you know, the

Transformation Grant application recently prepared by the state also espoused this philosophy. However, despite such assurances, some current pivotal planning groups have no consumer or family stakeholders involved. While we acknowledge and welcome other Departmental initiatives to increase the involvement of consumers, there is general consensus that the efforts have been considerably less successful with respect to the Futures Project.

2. It has become clear from recent discussions that the "sub-acute" programs envisioned as part of the Futures plan may not, in fact, be "totally voluntary". We feel that such a decision would run counter to the state's established intent to move in the direction of a system which is "free of coercion". We are also quite concerned that there has, in fact, been an increase in the reliance on and utilization of involuntary treatment since the State started using designated hospitals for involuntary admissions. Accordingly, we strongly recommend that serious consideration be given to an increase in the voluntary capacity at all levels of care (i.e., both sub-acute and inpatient services), and a full review and discussion of how the expansion of consumer choice is being integrated into all aspects of planning.

We also call for timely and open discussion concerning the legal status of residents in the proposed "subacute" programs, and any related issues of involuntary treatment and/or interventions. We strongly urge the Department and the Futures Group to address these issues directly so that there is no confusion in discussions with communities, legislators, or public officials.

3. We reiterate our call for an updated, realistic time line and budget for the Futures Project. We are concerned that the unrealistic projections currently under discussion reduce our collective credibility and threaten legislative and public support. We note that under the only existing draft implementation plan, the target opening of a new inpatient facility is June, 2010, and many of the progress indicators for that time line are already behind schedule.
4. We also feel it is critical for the Department to issue a formal response to the Report prepared and delivered by Fletcher Allen on October 31. As you know, the Report contains specific recommendations for modification to staffing and procedures at VSH to ensure patient safety and enhance the quality of care. The longer replacement planning is postponed and delayed, the more

critical it is to address ongoing deficiencies at VSH. It is disturbing that to date, there has been no detailed, substantive response to the Report, which was prepared as required by the contract with the Department. The lack of response was a key factor in the December decision of the Board of Health to deny a license renewal, and to require responses as part of a 6-month conditional license.

5. We are pleased that architectural consultants have now been chosen for the project. However, we strongly recommend that these architects meet with any and all interested parties as quickly as possible. We further recommend that neither VDH nor the architects should prejudge which potential locations or sites should be evaluated as alternatives to the primary and secondary sites originally identified. Given the experience of the past several months, including the numerous unanswered questions and the mounting delays, it has become clear that we need as much information about as many sites as possible. Otherwise, we run the very real possibility that the Department will be unable to follow through on the commitment to close VSH due to a lack of clinically and financially viable alternatives.
6. The last issue has to do with communication. We note that the Futures Group has only had two meetings in the past four months. In addition, there have only been 2 "weekly updates" issued by the Department in the past two months. Despite the commitment of the Department to weekly updates to all interested parties and legislators, they have been suspended since November 18. This is clearly inadequate, and has contributed to the delays, confusion, and uncertainty which now surround the project. We strongly urge you to increase the frequency of Futures Group meetings and to reinstate regular weekly updates. We further request that the minutes of all Work Groups affiliated with the Futures project be widely distributed and posted promptly on the VDH website. These simple modifications will go far to enhance communication and reduce unfounded speculation.

Please understand that the above suggestions are offered in the spirit of constructive feedback. We believe there is a narrow window of opportunity to get the Futures Project back on track. We are prepared, both collectively and individually, to do what we can to assist with the process.

Best wishes for a happy and healthy New Year.

Regards,



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Human Services Committee
Health Access Oversight Committee
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